Missouri Department of Public Safety Office of the Director (573) 751-4905

Contractor: _



P.O. Box 749 Jefferson City, MO 65102 Fax: (573) 751-5399

STOP Annual Report Form Training/Technical Assistance

E-mail Address: _

Contact Person:Address:			Telephone Number: Fax Number: Contract Number:					
	Reporting Period:	January 1 – December 31		Report Du	e Date: January 15			
A.	Provide the following information as it relates to any special training received by staff or volunteers through this STOP project.							
	Staff Member (who attended the training)	Title of Training Session or Conference	Date(s) of the Training	Duration (hours, days, etc.)	Location of Training			

Presenter(s)	Topic(s)	Date(s) of the Training	Duration (hours, days, etc.)	Audience (types of professionals in attendance)	Num Atten
					-
					<u> </u>
	st-tests utilized to evalua		s of the train	ning?Yo	es
tyes, provide the average, c	overall, scores on each of these	tests.			

If no, give detailed information regarding how the effectiveness of the training was evaluated by those attending the training.

B. Provide the following information as it relates to any special training or public awareness presentations

D.	Were the instruc	tor's evaluated individually?	Yes 1	No			
		ne overall ratings of each instructor utilized to					
Е.	Dravida tha fallar	wing information as it relates to s	ny tochnical aggista	naa muavidad	to an individual on		
L.	E. Provide the following information as it relates to any technical assistance provided to an individual or agency through this STOP funded project.						
			Date(s)				
	Technical		Assistance	Duration (hours, days,	Recipient of Assistance (Include Agency		
	Adviser(s)	Topic(s)	Provided	etc.)	Name & Contact Person)		

F.	Describe any notable activities conducted to improve the delivery of victim services. These activities need to be related specifically to the STOP funded project and/or coordination of the STOP project.
G.	Describe any notable activities aimed at educating the community regarding crimes committed against women, public awareness, and/or prevention, other than the specific training sessions previously addressed in this report.
	in this report.
Н.	Include and/or attach anecdotal information and individual case histories illustrating how STOP funds have been used to assist crime victims.

I. Identi	Identify any emerging issues or notable trends impacting crimes against women in your area.					
Project Direc	tor	Date	A	uthorized Official		Date

Please Note: This Annual Performance Report must be received by January 15th during the year immediately following the end of the contract period for the referenced contract. Failure to submit this Annual Performance Report by January 15th could result in the termination of any current funding awarded to this contractor.